otal Number of Pages in This Submission

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4041K-000169

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TOANOMITTAL	Application Number	10/765,758		
TRANSMITTAL	Filing Date	01/26/2004		
FORM	First Named Inventor	Makoto Yoshino, et al.		
ed for all correspondence after initial filing)	Art Unit	3679 Fannie C. Kee		
	Examiner Name			

Attorney Docket Number

ENCLOSURES (check all that apply)							
Fee Transmittal F	·	Drawing(s)		,	After Allowance Communication to Technology Center (TC)		
		Licensing-re	elated Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Rep	oly	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to 0 Provisional			Proprietary Information		
Affidavits/dec	laration(s)		itorney, Revocat Correspondence		Status Letter		
Extension of Time	e Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
_		Request for	Refund		Return Receipt Postcard		
Express Abandonment Request		CD, Numbe	er of CD(s)	_			
Information Disclo	sure Statement	☐ Landscape Table on CD					
Certified Copy of	Priority	Remarks The Commissioner is hereby authorized to charge any additional					
Document(s)	•	fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.					
Response to Miss Incomplete Applic							
Response to Parts under 3							
1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Harness, Dickey & Pierce, P.L.C.						
Signature							
Printed name	Michael J. Schmidt						
Date	January 4, 2010		Reg. No. 34,007				
CERTIFICATE OF TRANSMISSION/MAILING							
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		Complete if Known			
/	TPE PEE TRANSMITTAL	Application Number	10/765,758		
	for FY 2009	Filing Date	01/26/2004		
	JAN 0 1 2010 Effective 2 2006. Patent fees are subject to annual revision.	First Named Inventor	Makoto Yoshino, et al.		
	2 Circuit Cost in Suspect to diffusion to Vision.	Examiner Name	Fannie C. Kee		
		Art Unit	3679		
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AMOUNT OF PAYMENT (\$) 130					Attorney Docket No. 4041K-000169					
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Deposit				1 1	1053	130	1053	130	Non-English specification	
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**or number previou	usly paid, if great	ter; For Reissues, se	e above	\perp					SUBTOTAL (4) (\$)0	
SUBMITTED BY									Complete (if applicable)	
			Registration No.			\top			Complete (II applicable)	
Name (Print/Type)	Michael .	J. Schmidt	(Altorney/Agent			34,	007	1	Telephone (248) 641-1600	